



School Teacher Account Request Form

Please Print

School Code _____

Phone Number _____

School Name _____

Principal _____

Number of teachers at school (requesting an account) _____

Last Name	First Name	HQ Domain Username	If existing DC STARS user, provide username*	Email Address XXXX.XXX@dc.gov

* If existing DC STARS user, your account will be checked to see if it is associated with the correct school (i.e.: teacher moved from one school to another).



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